U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Policy Number: MIKE AND LAURIE BAGWELL							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Company NAIC Nu 501 SECOND STREET					IAIC Number:		
City GULFPORT							
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL NO. 0911F-01-011.000						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) ADDITION					44/		
A5. Latitude/Long	itude: Lat. 30	0 22'37.1"	Long	089 03'30,6"	Horizontal Datum	: NAD 1	1927 🔀 NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	Certific	cate is being used to	•		Paragraph
A7. Building Diagr	am Number	1B					
i		pace or enclosure(s):					
		space or enclosure(s)		0 sqft			
b) Number of	permanent flo	ood openings in the cra	awispac	æ or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0
				sq in			
d) Engineered	i flood openin	gs? ☐ Yes ⊠ N	o				
A9. For a building	with an attach	ed garage:					
a) Square fool	tage of attach	ed garage 0	<u> </u>	sq ft			
		ood openings in the att		arage within 1.0 fo	ot above adiacent g	rade	0
			0	sq in	VI WATE WILLIAM.		<u> </u>
		gs? ∐ Yes ⊠ N					
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	rion	
B1. NFIP Communi	ity Name & Co	ommunity Number		B2, County Name			B3. State
CITY OF GULFPOR	RT, 285253		ļ	HARRISON			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Ef	RM Panel fective/	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base
28047C0268	G	12/21/2017	06/16/	evised Date /2009	AE	19 Floo	d Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No							
Designation Date: CBRS OPA							
= # Trg		———— Ш	bro	∐ UPA			
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ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: in these spaces, copy the corresp	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, 501 SECOND STREET	Policy Number:				
City GULFPORT	IP Code 9507	Company NAIC Number			
SECTION C BUILDII	NG ELEVATION INFORM	IATION (SURVEY R	EQUIRED)		
C1. Building elevations are based on: Con	struction Drawings* E	Building Under Constru	uction*		
· ·	*A new Elevation Certificate will be required when construction of the building is complete.				
C2. Elevations – Zones A1A30, AE, AH, A (with BFE), VE, V1V30, V (with BFE), AR, AR/A, AR/AE, AR/A1A30, AR/AH, AR/AO. Complete Items C2.ah below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: GPS RTK NETWORK Vertical Datum: NAVD88, GEOID 2009					
Indicate elevation datum used for the elevation	•	elow.			
☐ NGVD 1929 ☑ NAVD 1988 ☐ Datum used for building elevations must be ti		e RFF			
——————————————————————————————————————			Check the measurement used.		
a) Top of bottom floor (including basement, or	crawlspace, or enclosure flo	•	🔀 feet 🗌 meters		
b) Top of the next higher floor		<u>N/A</u> .	X feet meters		
c) Bottom of the lowest horizontal structural	member (V Zones only)	N/A,	X feet meters		
d) Attached garage (top of slab)		N/A,	x feet _ meters		
e) Lowest elevation of machinery or equipmed (Describe type of equipment and location)	in Comments)	20.1	✓ feet ☐ meters		
f) Lowest adjacent (finished) grade next to b	* ` '	<u>17. 2</u>	X feet meters		
g) Highest adjacent (finished) grade next to t	- ' '	<u>18</u> , <u>2</u>	X feet meters		
 h) Lowest adjacent grade at lowest elevation structural support 	of deck or stairs, including	<u>17</u> . 2	X feet meters		
SECTION D - SURVE	YOR, ENGINEER, OR A	RCHITECT CERTIFI	CATION		
This certification is to be signed and sealed by a la I certify that the information on this Certificate repr statement may be punishable by fine or imprisonm	and surveyor, engineer, or a resents my best efforts to in nent under 18 U.S. Code, S	architect authorized by terpret the data availa ection 1001.	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.					
Certifier's Name CLIFFORD A. CROSBY, P.L.S.	License Number MS 2539				
Title	810 2000		ga XX Ago		
OWNER					
Company Name CROSBY SURVEYING			Place Sed		
Address 716 LIVE OAK DRIVE	Here				
City	State	ZIP Code			
BILOXI	Mississippi	39532			
Signature	Date 08/09/2018	Telephone (228) 234-1649	,		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable)					
LOWEST MACHINERY IS THE BOTTOM OF THE AIR CONDITIONING UNIT.					

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding informati	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 501 SECOND STREET	Policy Number:				
City State GULFPORT Mississippi	ZIP Code 39507	Company NAIC Number			
SECTION E — BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1. Provide elevation information for the following and check the ap the highest adjacent grade (HAG) and the lowest adjacent grade	propriate boxes to show whether e (LAG).	r the elevation is above or below			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement,	feet mete	rs above or below the HAG.			
crawlspace, or enclosure) is	feet mete				
E2. For Building Diagrams 6–9 with permanent flood openings provi the next higher floor (elevation C2.b in the diagrams) of the building is	ded in Section A Items 8 and/or				
E3. Attached garage (top of slab) is	feet mete				
E4. Top of platform of machinery and/or equipment servicing the building is	[] feet [] mete	rs 🔲 above or 🔲 below the HAG.			
E5. Zone AO only: If no flood depth number is available, is the top o floodplain management ordinance? Yes No Un	f the bottom floor elevated in ac	cordance with the community's			
SECTION F - PROPERTY OWNER (OR OW	NER'S REPRESENTATIVE) CI	RTIFICATION			
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
community-issued BFE) or Zone AO must sign here. The statements	in Sections A, B, and E are con	rect to the best of my knowledge.			
community-Issued BFE) or Zone AO must sign here. The statements Property Owner or Owner's Authorized Representative's Name	in Sections A, B, and E are col	rect to the best of my knowledge.			
community-issued BFE) or Zone AO must sign here. The statements		ate ZIP Code			
community-issued BFE) or Zone AO must sign here. The statements Property Owner or Owner's Authorized Representative's Name	City St				
Community-issued BFE) or Zone AO must sign here. The statements Property Owner or Owner's Authorized Representative's Name Address	City St	ate ZIP Code			
Community-issued BFE) or Zone AO must sign here. The statements Property Owner or Owner's Authorized Representative's Name Address Signature	City St	ate ZIP Code			
Community-issued BFE) or Zone AO must sign here. The statements Property Owner or Owner's Authorized Representative's Name Address Signature	City St	ate ZIP Code			
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ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE CO						
Building Street Address (Including Apt., Unit, 501 SECOND STREET	x No. Policy Number:					
City GULFPORT	State ZIP Code Mississippi 39507	Company NAIC Number				
SECT	SECTION G - COMMUNITY INFORMATION (OPTIONAL)					
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
or Zone AO,	ction E for a building located in Zone A (witho					
G3. The following information (Items G	4–G10) is provided for community floodplain r	nanagement purposes.				
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Improve	ment				
G8. Elevation of as-built lowest floor (includi of the building:	ing basement)	☐ feet ☐ meters Datum				
G9. BFE or (in Zone AO) depth of flooding a	at the building site:	☐ feet ☐ meters Datum				
G10. Community's design flood elevation:		feet meters Datum				
Local Official's Name	Title					
Community Name	Telephone					
Signature	Date					
Comments (including type of equipment and k	ocation, per C2(e), if applicable)					
		Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, o	FOR INSURANCE COMPANY USE		
Building Street Address (including 501 SECOND STREET	g Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City GULFPORT	State Mississippi	ZIP Code 39507	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption FRONT VIEW 08/08/2018



Photo Two Caption REAR VIEW 08/08/2018

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 501 SECOND STREET	pt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No	. Policy Number:
City	State	ZIP Code	Company NAIC Number
GULFPORT			

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption RIGHT SIDE VIEW 08/08/2018

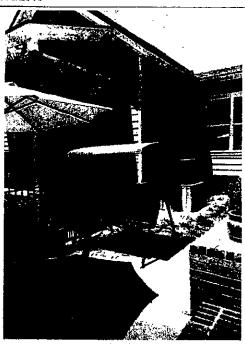


Photo Two

Photo Two Caption LEFT SIDE VIEW 08/08/2018